

# PSYCHOSOCIAL AND MEDICAL HISTORY OF NON-MINOR DEPENDENT

NON-MINOR DEPENDENT'S ADOPTED NAME:		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
AGE OF NON-MINOR DEPENDENT*:	BIRTHDATE:	BIRTHPLACE:
COMPLETED BY:	DATE COMPLETED:	CASE NO./AGENCY ID:

Any documents attached to this form shall comply with the Mutual Disclosure Acknowledgment (AD 513 NMD) signed by non-minor dependent.

The caseworker of the agency conducting the non-minor dependent assessment shall identify, by writing his or her initials in the space provided, which items listed below are attached to this form.

- \_\_\_\_\_ Mutual Disclosure Acknowledgement (AD 513 NMD)
- \_\_\_\_\_ Non-minor dependent's birth mother's background information (*AD 67 and narrative description*)
- \_\_\_\_\_ Non-minor dependent's father's background information: (*AD 67a and narrative description*)
- \_\_\_\_\_ Non-minor dependent's birth records. Name of Hospital: \_\_\_\_\_
- \_\_\_\_\_ Non-minor dependent's post-birth medical care records.

The following medical records are attached: (Attach additional page(s) if needed)

NAME OF PROVIDER	TYPE OF PROVIDER	DATES

## DEVELOPMENTAL AND BEHAVIORAL HISTORY

The following evaluations or assessments regarding the non-minor dependent's developmental, cognitive, emotional and/or behavioral functioning are attached:

TYPE OF REPORT	PROVIDER	DATE OF REPORT

- \_\_\_\_\_ Non-minor dependent's foster care ***Health And Education Passport*** (*CWS/CMS document and any related documentation*)
- \_\_\_\_\_ Non-minor dependent's placement history
- \_\_\_\_\_ Non-minor dependent's history / family life experience prior to out-of-home care  
(*Including History Of Abuse Or Neglect*)

**PSYCHOSOCIAL AND MEDICAL HISTORY OF NON-MINOR DEPENDENT (continuation)**

The Following Additional Reports Are Attached:

TYPE OF REPORT	PROVIDER	DATE OF REPORT

\_\_\_\_\_ The agency's recommendations/comments to the non-minor dependent (attach additional page if needed)

The following records or documents are unavailable:

RECORDS/REPORTS	DATE(S)	REASON UNAVAILABLE

The non-minor dependent adoptee has been provided with all medical, psychological and social background information available to the department or agency as permitted by the signed disclosure.

CASE WORKER	AGENCY	DATE

**Notice to Non-Minor Dependent**

Based on the agency's evaluation, the agency believes the attached information is true and accurate as far as it is aware.

California law requires that a non-minor dependent hold the privilege to their psychosocial and medical background and that they can then decide what they wish to share or reveal to their prospective adoptive parent(s). This form and the attached documents are provided to meet that requirement. Your signature below verifies your receipt of this information.

**I ACKNOWLEDGE THAT I HAVE IN MY POSSESSION ALL THE ABOVE LISTED DOCUMENTS.**

NON-MINOR DEPENDENT	DATE